

CLINICAL RECORD			PEDIATRIC									
FAMILY OR CONTACT HISTORY												
MEMBER OF FAMILY			AGE		EDUCATION			STATE OF HEALTH <i>(If not living, state cause of death)</i>				AGE AT DEATH
FATHER												
MOTHER												
SIBLINGS												
Have there been any of the following in the family or among contacts?												
CONDITION OF DISEASE		YES	NO	RELATIONSHIP OR CONTACT			CONDITION OF DISEASE		YES	NO	RELATIONSHIP OR CONTACT	
TUBERCULOSIS							ALLERGY					
SYPHILIS							DIABETES					
RHEUMATIC FEVER							NEUROSIS					
KIDNEY DISEASE							EPILEPSY					
BLOOD DYSCRASIAS												
RECORD OF IMMUNIZATION												
TYPE OF IMMUNIZATION OR TEST			SERIES OR RESULTS				DATES		BOOSTER OR REPEAT DATE		BOOSTER OR REPEAT DATE	
SMALLPOX												
D.T.P.												
TYPHOID												
SERUM ADMINISTRATION												
TUBERCULIN TEST												
POLIO (OPV)												
RUBELLA (GERMAN MEASLES)												
RUBEOLA (MEASLES)												
MUMPS												
BIRTH AND DEVELOPMENT												
MOTHER'S HEALTH DURING PREGNANCY												
TYPE OF DELIVERY			PREMATURE				FULL TERM				BIRTH WEIGHT	
COMPLICATIONS												
CONDITION OF BABY AT BIRTH												
CONGENITAL MALFORMATION												
								AGE		SEX		RACE
PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name-last, first, middle; grade; date; hospital or medical facility)</i>								REGISTER NO.			WARD NO.	
PEDIATRIC Standard Form 538 GENERAL SERVICES ADMINISTRATION AND INTERAGENCY COMMITTEE ON MEDICAL RECORDS FPMR 101-11806-8 OCTOBER 1975 538-105												

NEONATAL PERIOD											
JAUNDICE			CONGENITAL DEBILITY				SNUFFLES				
HEMORRHAGE			CYANOSIS				VOMITING				
ANEMIA			CONVULSIONS								
RASH			DESQUAMATION								
PAST HISTORY <i>(Birth and development)</i>			FEEDING HISTORY								
DEVELOPMENT <i>(State age, yrs. and mos.)</i>			BREAST				VITAMIN SUPPLEMENT <i>(Age started; amount)</i>				
SAT UP			WEANED <i>(State age and reason)</i>				FORMULA <i>(Type of milk; reason for change)</i>				
WALKED											
TALKED											
TEETH			APPETITE								
TRAINING		CONTROLLED URINE		SOLID FOODS <i>(Stage age started)</i>							
		CONTROLLED BOWELS									
WEIGHT - END OF FIRST YEAR			CEREALS		VEGETABLES		FRUITS		MEAT		
REMARKS <i>(Include present diet, emotional development and abnormalities)</i>											
PAST HISTORY <i>(Medical and surgical)</i>											
CONDITION OR DISEASE		YES	NO	DATE	COMPLICATIONS						
MEASLES											
GERMAN MEASLES											
MUMPS											
SCARLET FEVER											
DIPHTHERIA											
CHICKEN POX											
WHOOPING COUGH											
OTITIS MEDIA											
MASTOID											
ALLERGY											
INJURIES OR OPERATIONS			DATE		COMPLICATIONS						
EDUCATION											
PRESCHOOL				SCHOOL							
AGE ENTERED		PORTION OF DAY IN SCHOOL		PUBLIC, COMMUNITY, OR PRIVATE SCHOOL		AGE ENTERED		KINDERGARTEN		PRESENT GRADE	
NUMBER OF SCHOOLS ATTENDED				PROGRESS <i>(Subjects, grades failed, and skipped)</i>		GENERAL COMMENT REGARDING SCHOOL ADJUSTMENT AND SOCIAL BEHAVIOR					
1. PUBLIC											
2. PAROCHIAL											
3. PRIVATE											
SIGNATURE OF PHYSICIAN						DATE					